#### **IDENTIFICATION**

**Instructions:** Fill in all fields that relate to this facility and / or the operations at this facility. More specific directions are listed in the *Instructions and Guidance* document (TCEQ-20011-Inst) provided with

TCEQ CENTRAL RECORDS CODING

MSW PA / / RP

this report. Each question with a question number in brackets (like "[18]") has a more complete description in the instructions. This report form and additional documents are also available from the TCEQ website at www.tceq.state.tx.us or by contacting the agency at (512) 239-4900. Please note that **pages 9 and 10 are for landfills only** and do not need to be returned by non-landfill facilities

	ram raemics.	Our Records	Changes Needed
,	Central Records RN #		
Facility	Permit / Registration #		
Fa	Site Name		
	Facility Type		
ē	Owner CN#		
tativ	Owner Name		
esen	Representative CN#		
Repr	Representative Name		
ed F	Title		
noriz	Company		
Owner and Authorized Representative	Address		
and	Address 2		
/ner	City, State, Zip		
ó	Phone		
	Fax		
	(optional) Email		
ata		Information from last year's rep	ort
rt D	Report received		
Sepo	Tons disposed / xfer		
)02 F	Cubic yards in-situ		usually increases if this facility is active
FY 2002 Report Data	Cubic yards remaining		usually decreases if this facility is active
Т	Status		

TRACKING II	TRACKING INFO (TCEQ USE ONLY)								
Logged in		Entered		Reviewed		Tested		Finished	

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## **DECLARATIONS**

The following affirmation <u>must</u> be completed in order for your annual report to be accepted:

Signature	Э		Printed Name	Printed Name		
Title			Date	(report is due 11/	/19/04)	
	prograi Individu on its fo	m, please contact us at 5 uals are entitled to request a	and review their personal informat any errors in their information con	tion that the agency gathers		
		F.A	ACILITY STATUS	8		
Mark the s	status of yo	our facility <b>during</b> FY	2004 (9/1/03 to 8/31/04).		7	
Mark the s	status of yo	our facility <b>during</b> FY We have never acc	2004 (9/1/03 to 8/31/04).	ty	7	
Mark the s	status of yo	We have never acc	2004 (9/1/03 to 8/31/04). cepted waste at this facilit e between 9/1/03 and 8/3	ty 1/04 at this facility	]	
Mark the s	status of yo	We have never accommodate where we waste w	cepted waste at this facilit e between 9/1/03 and 8/3 waste at this facility, but of	ty 1/04 at this facility did not this fiscal year		
Mark the s	status of yo	We have never accommodate with the work was to accept the week to accept the work we used to accept the work we used to accept the work was to accept the work w	cepted waste at this facility between 9/1/03 and 8/3 waste at this facility, but waste, but we are in post	ty 1/04 at this facility did not this fiscal year t-closure care (landfills only	<u> </u>	
Mark the s	status of yo	We have never accommod We accepted wasted We used to accept We used to accept Our permit to accept	cepted waste at this facilit e between 9/1/03 and 8/3 waste at this facility, but of	ty  1/04 at this facility  did not this fiscal year  t-closure care (landfills only r revoked	<i>y</i> )	
your facility was aste this reportin	inactive or g year, you	We have never accommod We accepted wasted We used to accepted We used to accepted Our permit to accepted wasted Tin post-closure care	cepted waste at this facility between 9/1/03 and 8/3 waste at this facility, but waste, but we are in post pt waste was cancelled or ctive Facility Certification for last year's report (FY 2 cation below and return or	ty  1/04 at this facility  did not this fiscal year  t-closure care (landfills only r revoked	not accept	

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## **FACILITY CHARACTERISTICS**

		Yes	No
[2]	Doos this facility have coales for incoming wests?		
[2]	Does this facility have scales for incoming waste?		
[3]	Did you allow off-site scale tickets for waste weights?		
[4]	Did you use a contract operator at this facility?		
[5]	If yes, what is their company name?		

[6] What were your average rates for incoming waste measured by:

Ton	Compacted CY	Uncompacted CY	Pound	Gallon
\$	\$	\$	\$	\$

[7]	What is the average distance that waste was transported to your facility?	miles
[8]	How many counties (including yours) did you accept waste from this year?	
[9]	Which ones? (Use County List* pages if needed)	
[10]	How many states (other than Texas) did you accept waste from?	

<sup>\*</sup> The state and county list pages are available from the TCEQ website, or by calling 512-239-4900.

		Yes	No	
[12]	Did you accept waste from Mexico?			
[13]	Did you recover methane at your facility for beneficial purposes? (Not enclosed burning)			
[14]	Was recovered methane used for fuel?			
[15]	Was recovered methane used for power?			
[16]	Amount of methane recovered:			ft <sup>3</sup>
[17]	Power generated and used:			kWh
[18]	Power generated and sold:			kWh

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## **DIVERSION**

[19] How many **tons** of the following wastes were diverted from landfilling (i.e., recycled, reused, recovered) Report regular MSW transfers in the Transfers section.

Yard waste	Metals	Glass	Plastic	C&D	Other

[20] Which of the following activities did this facility offer or engage in?

Collecting	Yes	No
Tires		
Other auto wastes		
Compaction	Yes	No
Baling		
Stationary Compaction		
Chipping / Mulching / Grinding		

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#### **PROCESSING**

How much of the following processing did this facility perform: (Report transfers on the next page)

## [21] **SOLID WASTE PROCESSING (TONS)**

Includes composting, recycling, chipping, grinding, shredding, land application, and bioremediation.

_	In-state	Out-state	Mexico	Total
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
Sludge*				
Grease*				
Septage*				
Soil				
Tires				
Total Tons				

<sup>\*</sup> Dry weight after liquid processing

## [22] LIQUID WASTE PROCESSING (GALLONS)

Includes de-watering, bioremediation, incineration, and land application

	In-state	Out-state	Mexico	Total
Sludge				
Grease				
Grit				
Septage				
NHIW* Class 1				
NHIW* Class 2				
NHIW* Class 3				
Total Gallons				

<sup>\*</sup> NHIW - Non-Hazardous Industrial Waste

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#### **TRANSFERS**

<u>List tons of waste transferred from your facility to another facility for each waste type and source.</u>

## **SOLID WASTE TRANSFERS (TONS)**

[23]	In-state	Out-state	Mexico	Total
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
Special Wastes				
Other				
Total Tons	_			

# **LIQUID WASTE TRANSFERS (GALLONS)**

[24]	In-state	Out-state	Mexico	Total
Sludge				
Grease				
Grit				
Septage				
NHIW* Class 1				
NHIW* Class 2				
NHIW* Class 3				
Total Gallons				

<sup>\*</sup> NHIW - Non-Hazardous Industrial Waste

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### **DISPOSAL**

[25] Which type of disposal is this form reporting?

Landfill Incineration Other	Landfill		Incineration		Other	
-----------------------------	----------	--	--------------	--	-------	--

Enter tons of waste disposed of at your facility for each waste type and source. Total Tons on this page should equal [30] on Page 8.

[26]	In-state	Out-state	Mexico	Total (Tons)
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
NHIW Class 1 *				
NHIW Class 1-A **				
NHIW Classes 2/3				
Incinerator ash				
Medical waste				
Asbestos				
Dead animals				
Sludge***				
Grease***				
Grit***				
Septage***				
Contaminated Soil				
Tires				
Rejects / Spoils				
Other				
(describe)				
Total Tons				

 $<sup>^{\</sup>star}$  Non-Hazardous Industrial Waste (NHIW) Class 1,  $\underline{\text{excluding}}$  materials containing asbestos

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<sup>\*\*</sup> NHIW Class 1 Regulated Asbestos-Containing Materials (RACM) only

<sup>\*\*\*</sup> If these wastes were processed on-site before disposal, please also report them in the Liquid Processing section

#### **WORKSHEET OF FEES REPORTED TO THE STATE**

**CCY** - Compacted Cubic Yards

**UCCY** - Uncompacted Cubic Yards

PET - Population Equivalent Tons

MSW - Waste subject to the state solid waste fee under 30 TAC §330.602

[27]	MSW	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
Con	verted total					

NHIW (Non-Hazardous Industrial Waste) - Waste subject to the state NHIW fee under 30 TAC §335.325

[28]	NHIW	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
Conv	verted total					_

Exempt - Exempt from the state MSW fee under 30 TAC 330.602(a)(7) or (b)(7)

[29]	Exempt	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
Con	verted total					

[30] Tons Disposed (sum Block Totals)

\* \* \* END OF REPORT FOR NON-LANDFILL FACILITIES \* \* \*

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## FOR LANDFILLS ONLY: 1 of 2

Indicate if this facility performed the following activities

[31] Monitors	Yes	No	[32] Gas Management	Yes	No	[33] Leachate Management	Yes	No
Groundwater			Venting			Recirculation		
Methane			Flaring			Evaporation		
NMOC (VOC)			Enclosed Burning			Discharge to POTW *		
Leachate			December of Sciences			Transfer to liquid processor		
Stormwater			Report beneficial recove	ry on p	age 3			

<sup>\*</sup> Public-Owned Treatment Works

# If this facility has never accepted waste skip to [51] "Total cubic yards remaining" IF YOU ASSESSED YOUR SITE THIS YEAR IF YOU DID NOT ASSESS THIS YEAR

[34]	Assessme	ent date	
[35]	Assessed of	capacity	yd³
[36]	Capacity on	8/31/03	yd³
[37]	Engineer's S	eal	
			of assessment only. I will be treated as estimates.
[38]	Signature		
[39]	Date / Firm		
[40]	Telephone		

[41]	Total tons disposed of:	
	(Enter [30], from page 8)	
<b>[42]</b> N	Multiply [41] by 2,000 lbs/ton:	
[43]	Compaction rate (lbs/yd³):	
	Cubic yards used	
[44]	Enter [42] divided by [43]:	
	Starting capacity	
[45]	Last year's yd³ remaining:	yd³
Ai	rspace permit changes	
[46]	Airspace added:	yd³
[47]	Airspace removed:	yd³
	Capacity consumed	
[48]	Enter [45] - [44]:	yd³
	Added capacity	
[49]	Enter [48] + [46]:	yd³
	Capacity removed	
[50]	Enter [49] - [47]:	yd³

[51] Total cubic yards remaining	(enter [36] for assessed total or [50] for estimated) :	yd³

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# FOR LANDFILLS ONLY: 2 of 2

ost-closure: acres ost-closure: acres ed fill areas: acres al acreage: acres  Max height: feet  Max depth: feet  and cover): yd³	<u> </u>	[52] [53] [54] [55] [56] [57] [58]
ost-closure: acres ed fill areas: acres al acreage: acres  Max height: feet  Max depth: feet  and cover): yd³	Fill areas finished post-closure Other used and unused fill areas Total acreage Permit Limits Max height Max depth Current Waste / Capacity	[54] [55] [56] [57]
ed fill areas: acres al acreage: acres  Max height: feet  Max depth: feet  and cover): yd³	Other used and unused fill areas  Total acreage  Permit Limits  Max height  Max depth  Current Waste / Capacity	[55] [56] [57]
al acreage: acres  Max height: feet  Max depth: feet  and cover): yd³	Permit Limits  Max height  Max depth  Current Waste / Capacity	[56] [57]
Max height: feet  Max depth: feet  and cover): yd³	Permit Limits  Max height  Max depth  Current Waste / Capacity	[57]
Max depth: feet  and cover): yd³	Max height  Max depth  Current Waste / Capacity	
Max depth: feet  and cover): yd³	Max depth  Current Waste / Capacity	
and cover): yd³	Current Waste / Capacity	[58]
	In-situ volume (waste and cover)	
naining yd³: yd³	m sita voidino (waste and bover)	[59]
	Enter [51] remaining yd <sup>3</sup>	[60]
action rate): lbs / yd³	Enter [43] (or current compaction rate)	[61]
61] ÷ 2000: tons	Remaining tons: [60] x [61] ÷ 2000	[62]
[62] ÷ [30]: years	Remaining years at current performance: [62] ÷ [30]	[63]
	Other Items	
red volume: yd³	Class 1 NHIW dedicated volume	[64]
aily Cover? Yes No	Is this facility using Alternative Daily Cover	[65]
nat type(s)?	If yes, what type(s)	[66]
	Describe permit amendments to available airspace (if any)	[67]

\* \* \* END OF REPORT FOR LANDFILL FACILITIES \* \* \*

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